PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 10/5302/0												10	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 13							F	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/3 :::inus 20=		· 'Ò.		. 5	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		-0		,	X40= ()		OR	X80=		
ML	LTIPLE DEPE	NDENT CLAIM P	RESENT						 		.070		
* If the difference in column 1 is less than zero, enter "C						column 2	<u> </u>	135=	122.2	OR			
/ 1/ 05 CLAIMS AS AMENDED - PART II								OTAL #	450.0	JOR		TUAN	
(Column 1)					(Column 2) (Column 3)			BALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.26	Minus	/:	3	= /3	×	\$ 9=		OR	X\$18=		
	Independent	. 3	Minus	0	2	= /	×	40 =		OR	X80=		
	FIRST PRESE	NTATION OF MI	JITIPLE DEI	PENDENT	CLAIM			35=			+270=		
				1			تا	TOTAL		OR	YOTAL	19.20 Sec. 10.	
		(Column-1)		(Colun	nn 2)	(Column 3)	ADD	T. FEE		OR	ADDIT. FEE		
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE.	ADDIP TIONAL FEE:	
	Total	•	Minus	**		=	X	9=		OR	X\$18=		
	Independent	•	Minus	***		=	×	40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+1	35=	·	OR	+270=		
		•						TOTAL		OR	· YOYAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)						٠. ٠	
≤ I		CLAIMS PEMAINING AFTER AMENDMENT		RIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA	R	İΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		a	XS	9=		OR	X\$18=		
	Independent	•	Minus	***		#	X4	0=			X80=	•	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			-		OR		·	
. 14	the entry in each	mn 1 is less than th	a entry in ook	mn 2. write '	"O" in cost	umn 3.		35= OTAL		OR	+270=		
H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								./	OR ,	TOTAL VODIT, FEE		
		ber Previously Paid					r found in	the app	vopriate box	in cok	umn 1.		

Application or Docket Number